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FORM 1		OHGANIZ				FEC MAI	IL CENTER
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)		mple:If typing, type the lines.	12FE4M	5.	-
50 State St	rategy		111	<u></u>	<u> </u>		
<u> </u>		52 N. Third	 Ct	<del></del>			
ADDRESS (number an	d street)	uite 600	٢٠٠	<del></del>	<u> </u>		
(Check if addisonment is changed)	dress L	an Jose	<del>                                      </del>		CA	95112	5560
			CITY.		STATE	ZIP (	CODE
COMMITTEE'S E-MAI	L ADDRESS (P	ease provide only one	e-mail add	dress)			
(Check if a		ch@robinsonwir	ns.com	<u>'                                    </u>	<del></del>		لبب
is changed				. <u>                                    </u>	<del> </del>	<u>. i</u>	
COMMITTEES WED	PACE ADDRES	0.4101			,	_	
COMMITTEE'S WEB		s (онс) Ostatestrategy.	റന്ന .				1
(Check if a is changed	address	المراضية مادوي.	<del>Goili I</del>	<del></del>	<del>                                     </del>	<del></del>	<del></del>
	, L	4.1.4 1.1.1				<del></del>	
2. DATE							
3. FEC IDENTIFIC	ATION NUMBE		- Carrier Carrier				
4. IS THIS STATEM	IENT 🔀	NEW (N) OR		AMENDED (A)			
I certify that I have ex	xamined this Sta	stement and to the be	st of my k	knowledge and belief it	is true, corre	ct and complete.	•
Type or Print Name o	of Treasurer	/lark Vanni					
Signature of Treasure	1	Nach 1	lam	u'	Date 0	9 1.3	2.011
NOTE: Submission of fa		•	- '	ject the person signing to		•	f 2 U.S.C. §437g.
Office Use	•			For further information of Federal Election Commission Toll Free 800-424-9530		FEC FO	•

	FEC F	orm 1 (Revised 02/2009)	Page 2
		COMMITTEE te Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	•
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete information below.)	he candidate
	ne of didate		**************************************
	didate: y Affiliat	tion Sought: House Senate President	tateistrict
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	ne of didate		
Par	ty Cor	mmittee:	
(d)			cratic, lican, etc.) Party.
Poli	itical A	Action Committee (PAC):	
· (e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:
		edited PETER	or Organization
		Membership Organization Trade Association Coo	perative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	$\boxtimes$	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregal committee. (i.e., nonconnected committee)	ed fund or party
		In addition, this committee is a Lohbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or n committees/organizations, at least one of which is an authorized committee of a federal candidate.	nore political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or modern committees/organizations, none of which is an authorized committee of a federal candidate.	ore political
	Com	nmittees Participating in Joint Fundraiser	•
. •	1.	FEC ID number	
	2.	FEC ID number	
	<b>3.</b>	FEC ID number C	
	4.		

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Write or Type Committee Nam	e	
50 State Strateg	ıy ·	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representativ	e, or Leadership PAC Sponsor
	11111111111111111111111	111111111
Mailing Address		
•		
	CITY STATE	ZIP CODE
Relationship: Connecte	d Organization Affiliated Committee Joint Fundraising Represen	ntative Leadership PAC Sponsor
<ol> <li>Custodian of Records: Idea books and records.</li> </ol>	ntify by name, address (phone number optional) and position of the	person in possession of committee
Full Name Rich I	Robinson	
Mailing Address	152 N. Third St.	
	Suite 600	
	San Jose CA	[95112   ]-[5560   ]
Title or Position	CITY STATE	ZIP CODE
. L	Telephone number	
8. Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committe assistant treasurer).	e; and the name and address of
Full Name of Treasurer Rich I	Robinson,	
Mailing Address	152 N. Third St.	
	Suite, 600	
	San Jose CITY STATE	951125560
Title or Position		_   _
	Telephone number	

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Full Name of Designated Agent	Mark Yanni,					
Mailing Address	1049-	C El Monte Ave	#143			
			<u> </u>			
	Moun	tạin View		CA	94040	
		CITY	•	STATE	ZIP °CC	DDE
Title or Position		•				
			Telephone nur	nber []		<del>-</del>
. Banks or Other safety deposit box	Depositories: List all i es or maintains funds	banks or other depositories	s in which the commit	tee deposits	funds, holds accou	ints, rents
Name of Bank, D	epository, etc.		•	•		
	Bank of Amer	iça .	1 1 1 1 1 1 1	1		1111
Mailing Address	100 N	I. Tryon St.		<u></u>	, ! .   .   .   .   .   .	<u> </u>
	100 N	I.,Tryon Şt,	<u> </u>		· <u>             </u>	
	<sub>[</sub> Charle	otte		NC	28255	-
		CITY		STATE	ZIP CO	DDE
Name of Bank, D	epository, etc.					
İ	Unijon B	ank,	1 1 1 1 1 1 1	111	<del>[</del>	ł <u>l l l l</u>
Mailing Address	19.9	All marlen B	114 2 #10	<b>0</b> ]   1		
				111		1111
	SAN	J.0.5.E	لببييا	CA	95113	
		CITY		STATE	ZIP CO	DDE

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No Postmark					
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